

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | | | | | | | | | | | | | |
|---|--|--|---------------------------------|--|---|---|-------------|---|---|----------|--|---------------------------------------|-----------|--|--------|-----|--|
| 1 ACCOUNT # | 2 Total pages filed: 8 | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 20%;">MI</td> <td style="width: 20%;"></td> </tr> <tr> <td>Mr.</td> <td>Presciliano</td> <td></td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Ortega</td> <td>JR.</td> <td></td> </tr> </table> | MS / MRS / MR | FIRST | MI | | Mr. | Presciliano | | | NICKNAME | LAST | SUFFIX | | | Ortega | JR. | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | |
| Mr. | Presciliano | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | |
| | Ortega | JR. | | | | | | | | | | | | | | | |
| 4 ORIGINAL REPORT TYPE | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td colspan="2"><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td colspan="2"><input type="checkbox"/> Final report</td> </tr> </table> | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded \$500 limit | | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final report | | | | | |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded \$500 limit | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final report | | | | | | | | | | | | | | | | |
| 5 ORIGINAL PERIOD COVERED | <table style="width: 100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>04</td> <td>26</td> <td>2005</td> <td>THROUGH</td> <td>06</td> <td>30 / 2005</td> </tr> </table> | Month | Day | Year | Month | Day | Year | 04 | 26 | 2005 | THROUGH | 06 | 30 / 2005 | | | | |
| Month | Day | Year | Month | Day | Year | | | | | | | | | | | | |
| 04 | 26 | 2005 | THROUGH | 06 | 30 / 2005 | | | | | | | | | | | | |
| 6 EXPLANATION OF CORRECTION AND PENALTY WAIVER/REDUCTION REQUEST | <p>Report dated 6/30/2005 omitted a deposit in the amount of \$3,000 dated 5/6/2005 (Schwartz \$1,000, El Paso General Contractors P.A.C. \$500, Saab \$750 and Foster \$750). A corrected report is attached.</p> | | | | | | | | | | | | | | | | |

OFFICE USE ONLY

Date Received

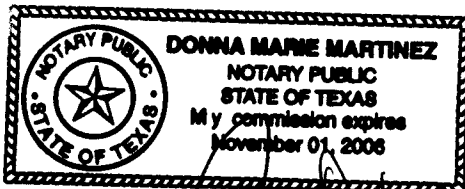
Date Hand-delivered or Date Postmarked

Receipt #

Legal

Date Processed

Date Imaged

 05 JUL 27 PM 3:15
 CITY CLERK DEPT.
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Presciliano Ortega, Jr. this the 27th day of July, 2005.

to certify which, witness my hand and seal of office

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Presciliano
NICKNAME LAST SUFFIX
Ortega Jr.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
11628 Laura Marie El Paso TX 79936

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 778-2424

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Alan E.
NICKNAME LAST SUFFIX
Simpson

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1932 Preview Place El Paso TX 79936

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 591-1848

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
04 / 26 / 2005 THROUGH 06 / 30 / 2005

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
 / /
☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
City Representative District 5

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Presi Ortega Campaign

16 ACCOUNT # (Ethics Commission filers)

**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE
COMMITTEE NAME
☐ **GENERAL**
COMMITTEE ADDRESS
☐ **SPECIFIC**
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS
☐ additional pages

CITY CLERK DEPT.
05 JUL 27 PM 3:15

**18 CONTRIBUTION
TOTALS**
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED
\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
\$
7,900
**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED
\$
0
4. TOTAL POLITICAL EXPENDITURES
\$
6,011.18
**CONTRIBUTION
BALANCE**
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
\$
15,329.72
**OUTSTANDING
LOAN TOTALS**
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD
\$
0
19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages Schedule A: **2****2** FILER NAME **Presi Ortega Campaign****3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Full name of contributor☐ out-of-state PAC (ID# _____)**See Attached****7** Amount of contribution (\$)**8** In-kind contribution description (if applicable)**6** Contributor address; City; State; Zip Code**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**Political Contributions Other than Pledges and Loans
Presi Ortega Campaign
July 15, 2005**

| Date | Name Address | Amount of contribution | In-Kind Contribution |
|--|--|-----------------------------------|---------------------------------|
| April 27 | Robert Foster 1700 Lee Trevino El Paso, TX 79936 | \$750 | |
| Apr 27 | John Hellard 9215 Montana, Ste B El Paso, TX 79925 | \$500 | |
| Apr 27 | Joe Rosales 9104 Mettler El Paso, TX 79925 | \$1,000 | |
| Apr 27 | Jose Lopez 2008 Pueblo Nuevo El Paso, TX 79936 | \$150 | |
| Apr 27 | Richard Aguilar 8201 Lockheed Ste 235 El Paso, TX 79925 | \$1,500 | |
| May 5 | Margarita & Gerardo Licon 5604 Eagle Pt. El Paso, TX 79912 | \$250 | |
| May 5 | Paso Properties L. P. 6500 Montana El Paso, TX 79925 | \$250 | |
| May 5 | David Tokoph P. O. Box 12 Santa Teresa, NM 88008 | \$500 | |
| May 6 | Scott M. Schwartz 619 Camino Real El Paso, TX 79922 | \$1,000 | |
| May 6 | El Paso Chapter Associated General Contractors P.A.C. 4625 Ripley El Paso, TX 79922 | \$500 | |
| May 6 | Richard, Edward and William Saab 8340 Gateway East, Ste 205 El Paso, TX 79907 | \$750 | |
| May 6 | Timothy C. Foster 1790 Lee Trevino, Ste 601 El Paso, TX 79936 | \$750 | |
| Total Contributions for April 26, 2005 – June 30, 2005 | | \$7,900 | |

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POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 3 |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name See Attached | 7 Amount (\$) |
| 6 Payee address; City; State; Zip Code | | |
| 8 Purpose of payment (See instructions regarding type of information required.) | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
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| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**Political Expenditures
Presi Ortega Campaign
July 15, 2005**

| Date | Name Address | Amount of Expenditure | Purpose |
|-------------|--|----------------------------------|---|
| Apr 11 | The Reuel Group 6006 N. Mesa El Paso, TX 79912 | 126.84 | Direct Mail |
| Apr 25 | Bowie Bakery 901 S. Park El Paso, TX 79901 | 29.40 | Food for Meeting |
| May 5 | Good Time Store 10101 Montana El Paso, TX 79925 | 13.96 | Ice |
| May 5 | Blue Sage 111705 Montwood El Paso, TX 79936 | 143.61 | Food Elec. Day |
| May 6 | Western Beverage 1840 Lee Trevino El Paso, TX 79936 | 402.91 | Refreshment Elec. Day |
| May 5 | Costco 6101 Gateway East El Paso, TX 79925 | 623.28 | Food Elec. Day |
| May 5 | Alan Simpson 1932 Preview Place El Paso, TX 79936 | 810.00 | Election Workers 27 @ \$30 |
| May 7 | Carnitas Queretaro 10801 Pebble Hills El Paso, TX 79935 | 302.88 | Food |
| May 13 | Joe Tarin 11628 Laura Marie El Paso, TX 79936 | 500.00 | Campaign Consulting |
| May 13 | Presi Ortega 11628 Laura Marie El Paso, TX 79936 | 1293.76 | Chairs, Party Supplies, Mariachi's, D.J. for Election Night Party |
| May 17 | Lopez Advertising 7500 Viscount El Paso, TX 79925 | 1356.16 | Advertising |
| May 23 | The Reuel Group 6006 N. Mesa El Paso, TX 79912 | 162.38 | Direct Mail |
| June 2 | Bowie Bakery 901 S. Park El Paso, TX 79901 | 86.00 | Food for Meeting |
| June 30 | Avila's 10600 Montana El Paso, TX 79936 | 160.00 | Breakfast Mtg's 6 mos |

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**Political Expenditures
Presi Ortega Campaign
July 15, 2005**

| Date | Name Address | Amount of Expenditure | Purpose |
|-------------|-------------------------|----------------------------------|----------------|
|-------------|-------------------------|----------------------------------|----------------|

Total Expenditures April 26, 2005 – June 30, 2005

\$ 6,011.18

CITY CLERK DEPT.
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